

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES
REGIONAL UNEXPECTED DEATH REVIEW CHECKLIST

Prepared in Anticipation of Litigation: This Document is Not to Be Released Without A Court Order

Date of Unexpected Death: _____ Date Submitted: _____
Region Submitting Form: _____ Person Submitting Form: _____
Name of Deceased: _____ Service Provider: _____
Regional Directors Signature: _____

Criteria for submitting Unexpected Death Review Checklist:

Report will be submitted during paid provider supervision or unless the death meets the following criteria: Natural Causes (complications from lingering illness), Attended death in hospital, Individual is receiving Hospice services, Person died in own home attended by family.

Plases Answer the Following Questions:

Yes	No	
		Provider agency notified Support Coordinator and Family / Guardian within 24 hours of the individual's death.
		Division Director has been notified of unexpected death?
		Has the Regional Director or his/her designee visited the provider within 48 hours of notification of death to review the circumstances surrounding this unexpected death?
		Are there other individuals at this particular program site at risk as a result of this unexpected death?
		Are health and safety procedures for other individuals adequate and are being followed?
		If necessary, are counseling and follow-up with staff and consumers being addressed?
		Were appropriate agencies contacted? Were the Police, APS, CPS notified? (if appropriate) List agencies contacted:
		At the time of the filing of this report, the Region has assured that others who are similarly situated are safe and secure in their respective situations and environments. Briefly list your actions taken:

Briefly summarize persons contacted / interviewed / meetings held: